

Client Intake Form*Rita*

Date:

Name: email:

Date of Birth: Age: Gender:

Occupation: Marital Status: Children/ How Many?

Referred by:

Reason for consultation:

Your Overall Health:**Current or previous illness:**

Details:	<i>bloat when stress</i> <i>physically unwell - wake up</i> <i>1 year ago - Nick moving back to</i> <i>John moved back in 17/2</i> <i>mom - D concerning on her</i>
Age it started:	
What was happening in your life when this occurred?	

Stress Level:

Rate out of 10	
What is causing you stress right now?	<i>don't stress easily</i>
Notes	

Energy Levels:

Rate out of 10	
Wake up refreshed/afternoon slump?	
Notes	

need to find me a year

angel

energetic binder

24 weeks - 14 or